PART B - FEE(S) TRANSMITTAL

Complete and send this form, together was applicable fee(s), to: Mail Stop ISSU_ZEE
Commissioner for Patents
P.O. Boy 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

NSTRUCTIONS: This ppropriate. All further ndicated unless correcte naintenance fee notificat	form should be used for correspondence including d below or directed oth ions.	or tran g the l erwise	smitting the ISSU Patent, advance or in Block 1, by (a						orrespondence address as ate "PEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
23579 7590 0204/2008 PATREA L. PABST PATENT GROUP LLP 400 COLONY SQUARE, SUITE 1200						Certificate of Mailing or Transmission I hereby certify that this Fee(e) Transmittal is being deposited with the United States Fortal Service with sufficient, potate for first class mail in an envelope addressed to the Mail Step ISSUE FEE address above, or being facsimile transmitted to the USPTO (57) 273-2885, on the date indicated below.				
1201 PEACHTREE STREET ATLANTA, GA 30361					Transmittal of Issue Fee is being (Depositor's name)					
AILANIA, GA		electronically filed on				(Signature)				
					M	lay 1, 2008			(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR				ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/614,866	10/614,866 07/07/2003			Jane Hirsh			CP 100 8191			
TITLE OF INVENTION	: ABUSE-DETERRENT	· PHA	RMACEUTICAL	COMPOSITIONS OF	OPI	ODS AND OTHE	R DRU	GS		
					07	10105				
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUB	DATE DUE	
nonprovisional	YES	YES		\$300		\$0		\$1020	05/05/2008	
EXAMINER			ART UNIT CLASS-SUBCLA							
CHANNAVAJJALA,		1611	424-489000					·		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563) Change of correspondence address (or Change of Correspondence Address from PTO/SBI23) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SBI47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent amorneys a gene OR, alternatively, (2) the name of a single firm (having as a member a registered antoney or agent) and the names of up to 2 registered patent automory or agent and the names is listed, no name will be printed.						
3. ASSIGNEE NAME A	ND RESIDENCE DAT	A TO I	BE PRINTED ON	THE PATENT (print o	or typ	e)				
PLEASE NOTE: Un recordation as set for	less an assignee is iden thin 37 CFR 3.11. Com	tified to pletion	elow, no assignee of this form is NO	data will appear on t T a substitute for filing	he p g an	stent. If an assigr assignment.	ice is i	dentified below, the d	ocument has been filed to	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Collegium Pharmaceutical, Inc. Cumberland, Rhode Island										
Please check the approp	riate assignee category o	r categ	ories (will not be p	rinted on the patent) :		Individual 🛭 C	orporat	ion or other private gro	oup entity Government	
4a. The following fee(s) are submitted: 4 I saue Fee 4 Publication Fee (No small entity discount permitted) Advance Order - # of Copies				b. Poyment of Fee(s): (Please first reapply any previously pald issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Discotor is hereby authorized to charge the required fie(s), any defliciency, or credit any overpayment, to Deposit Account Number 5:03120 (enciose an extra copy of this form).						
5. Change in Entity Str	tus (from status indicate	d abov	/e)							
a. Applicant clain	ns SMALL ENTITY sta	us. See	37 CFR 1.27.					TITY status. See 37 C		
NOTE: The Issue Fee ar interest as shown by the	nd Publication Fee (if re- records of the United St	quired) ates Pa	will not be accepte tent and Trademar	d from anyone other to k Office.	han 1	ne applicant; a reg	istered	attorney or agent, or u	ne assignee or other party in	
Authorized Signature //Patrea L. Pabst/						Date	May :	, 2008		
Typed or printed name Patrea L. Pabst					Registration No. 31,284					
This collection of informan application. Confider submitting the complete	nation is required by 37 stiality is governed by 3 and application form to the	CFR 1.5 U.S.6 6 USP	311. The informati C. 122 and 37 CFR TO. Time will var	on is required to obtain 1.14. This collection y depending upon the	n or is es indi	retain a benefit by timated to take 12 vidual case. Any c	the pul minute ommer	olic which is to file (an es to complete, including its on the amount of ti	d by the USPTO to process ng gathering, preparing, an me you require to complet artment of Commerce, P. C.	

this form and/or suggestions for reducing this burden. We will not you seeming upon use intervals uses. Any comment on the amount or unit you require to complete this form and/or suggestions for reducing this burden, subull to seat to the Chief Information Officer, U.S., Palest and Trademark Office, U.S. Peterstens (U.S. Department). OR Box 1450, Alexandria, Virginia 2231-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2231-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.